BioPlus® Specialty Pharmacy
A Carelon Company

E-prescribe the *Fast & Easy* way: select **BioPlus** from your EHR!
Fax: 800-269-5493
Phone: 888-292-0744
bioplusrx.com

HCV REFERRAL FORM

PATIENT INFORMATION

Patient's Name:		SSN:		DOB:
Address:		City:	State:	Zip:
Home Address:	Cell:	Height:	Weight:	Gender: Male Female
Email:		Diagnosis Code:		

INSURANCE INFORMATION (or attach copy of the cards)

Primary Insurance:	Policy Holder:	Relationship:	Policy #:	Group #:
Secondary Insurance:	Policy Holder:	Relationship:	Policy #:	Group #:

CLINICAL INFORMATION (attached copy of labs)

Responder status:
☐ Treatment Naïve ☐ Treatment Experienced

Prior Treatment Type: ____________________
____
____

Did patient fail NS5A based treatment (Harvoni, Daklinza, Viekira, Zepatier)?
☐ No ☐Yes (Please include RAV)

Comorbidities:
☐ESRD ☐HIV ☐HBV ☐Diabetes
☐ Other____________________________

Fibrosis Stage:
____

Child-PugScore:
____

HCV genotype:
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 1a ☐ 2a
☐3a ☐ 4a ☐ 1b ☐ 2b ☐ 3b ☐ 4b
☐ Other ____________________

HCV RNA: ____________________

Cirrhosis: ☐ Y ☐ N
If YES:
☐ Compensated ☐ Decompensated

Test Type	GT1 NS5A RAV Test	Genotype + GT1a RAV (reflex) panel	Viral Load + GT1a RAV (reflex) panel	Viral Load + Genotype (reflex) + GT1a RAV (reflex) panel
Quest Lab	92447(X)	93871(X)	N/A	93873(X)
LabCorp	550325	550615	93873(X)	550705

PRESCRIPTION INFORMATION (for IV medication attach a copy of prescription)

MEDICATION	SIG/ DIRECTIONS:	QUANTITY	REFILLS
☐ **EPCLUSA®** (sofosbuvir 400 mg/ velpatasvir 100 mg)	One tablet taken by mouth once daily.	28 Day Supply	
☐ **HARVONI®** (ledipasvir 90 mg/ sofosbuvir 400 mg)	One tablet taken by mouth once daily.	28 Day Supply	
☐ **MAVYRET™** (glecaprevir/ pibrentasvir)	Three tablets (total daily dose: glecaprevir 300 mg and pibrentasvir 120 mg) taken orally once daily with food.	28 Day Supply	
☐ **RIBAVIRIN** 200 mg	______ mg AM ______ mg PM	28 Day Supply	
☐ **VOSEVI™**((sofosbuvir 400 mg/ velpatasvir 100 mg/ voxilaprevir 100 mg)	One tablet taken by mouth once daily with food.	28 Day Supply	
☐ **ZEPATIER®** (elbasvir 50 mg/ grazoprevir 100 mg)	One tablet taken by mouth once daily.	28 Day Supply	
☐ **Other**			

As required by your state, Prescriber to check "Dispense as written" or handwrite "Brand Medically Necessary" and sign to prevent generic substitution. ☐ Dispense as written

PHYSICIAN INFORMATION

Prescriber Name:	Phone:	Fax:
Office Contact:	Email:	
Address:		Ship To: ☐ Patient ☐ MD Office
NPI #:	Tax ID#:	
Prescription Signature:		Date:

Your signature authorizes BioPlus Specialty Pharmacy Services,LLC, and their network of pharmacies, MedScripts Medical Pharmacy, River Medical Pharmacy, Route 300 Pharmacy, and Santa Barbara Specialty Pharmacy (the "BioPlus Pharmacies"), to act on your behalf to obtain prior authorization, including appeals and peer to peer reviews, for the prescribed medications We will also pursue available copay and financial assistance on behalf of your patients.

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BioPlus Specialty Pharmacy 13925 Yale Ave, Suite145, Irvine, CA 92620 **MedScripts Medical Pharmacy** 1325 Miller Rd., Suite K, Greenville, SC 29607
River Medical Pharmacy 4752 Research Drive, San Antonio, TX 78240 **Route 300 Pharmacy** 1208 Route 300, Suite 103, Newburgh, NY 12550
Santa Barbara Specialty Pharmacy 4690 Carpinteria Ave, Ste B, Carpinteria, CA 93013

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